

EXPERIENCE, STRENGTH AND HOPE

A.A. for
Alcoholics with
Mental Health
Issues

—and their
sponsors

This is A.A. General Service Conference-approved literature.

ALCOHOLICS ANONYMOUS® is a fellowship of people who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership; we are self-supporting through our own contributions.

A.A. is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes.

Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

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**A.A. for Alcoholics with
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Do you have a drinking problem?

It can be difficult for many of us to admit and accept that we have a problem with alcohol. Sometimes alcohol seems like the solution to our problems, the only thing making life bearable. But if, when we look honestly at our lives, we see that problems seem to occur when we drink — problems at home or on the job, problems with our health, with our emotional stability and even with our social lives — it is more than likely that we have a drinking problem.

Those of us who have mental health issues can also find it hard to accept that drinking is causing us problems. It's the "other issues" that are the problem, not the alcohol, we often think. Yet, we learn in A.A. that anyone can suffer from the disease of alcoholism. We also learn that anyone who wants to stop drinking can find help and recovery in Alcoholics Anonymous.

You are not alone

The following stories relate the experiences of 12 women and men — all of whom are alcoholics coping with serious mental health issues — who have found sobriety and a new way of life in Alcoholics Anonymous. These stories represent their experience, strength and hope.

Also included in this pamphlet are the perspectives of five A.A. members with long-term sobriety who have worked closely as sponsors with alcoholics who have mental health issues, helping them to gain and maintain sobriety in A.A. And at the end of this pamphlet is an Afterword, based on solid A.A. and medical experience, aimed at helping A.A. members find the right balance regarding prescribed medication and minimizing the risk of relapse.

If you think you have a drinking problem as well as ongoing mental health issues, you may identify with the experiences shared in these stories. We hope you will discover, as these women and men did, that you are welcome in Alcoholics Anonymous, and that you, too, can find a new freedom and a new happiness in this spiritual way of life.

Carlee

“Dealing with my mental illness allowed me to fully focus on being an alcoholic.”

You could say it started out as a mistake.

At the age of 16, I was almost finished with high school and had begun skipping classes regularly to indulge in drinking with other kids who felt the same. Things at home were often rocky, and my emotional outbursts were pushing my parents further and further away. Drinking allowed me to have an “in” with people and make friends easily. Soon my social anxiety and introvert nature would melt away and I would be loud, outgoing and confident. Alcohol was the answer I had been looking for — how could it ever betray me?

After that first drink, I began drinking every weekend. When I became depressed for weeks on end, I would drink on the weekdays to help me “cope.” Alcohol numbed the inner turmoil of depression and kept it at bay. The more I drank, though, the more depressed I seemed to become. The “life of the party” was now a highly depressed and isolated teenager drinking alone in her room.

I knew all I had to do was wait, because my mood would change as swiftly as it did before, and I would soon feel on top of the world again. Somehow, I managed to graduate at the age of 17, but by this time I had come to drink every day and was resorting to theft to finance all the alcohol I needed. By the age of 18, I had moved out of my house and moved in with two older men who were supporting my habit and allowing me to live rent-free. I realized then that I was an alcoholic. I checked into a treatment center that year, and that’s where I celebrated my 19th birthday. During that time, I was introduced to A.A.

The first thing I did when I left treatment was to find an A.A. meeting and listen to other alcoholics who felt the same. During this time, I still struggled with relapse and wondered in my moments of abstinence why I was still so hopelessly depressed, filled with anxiety and despair, and then other days I would be so cocky and full of myself that nothing could stop me.

Around this time my parents came back into my life, one of the many blessings that A.A. has brought to me. My mother suggested I see a psychiatrist because there might be something fueling my behavior besides the alcoholic mind. After multiple visits with my psychiatrist, I was diagnosed with rapid-cycle bipolar disorder. Through trial and error, we found the right medication and now I take a small dose every morning.

Dual diagnosis is common, but I want to say that treating my mental illness has helped my life exponentially. I can answer the phone, speak in front of strangers, make friends; my moods are more stable and I now have the life skills to manage mania and depression when they come. I no longer have to reach for the bottle, as it was never the cure I thought it to be; it was a mask, and nothing ever got resolved by drinking — all my problems were still there, just waiting for me to sober up.

Though I manage my mental illness, I still need to manage my alcoholism by going to meetings, actively participating, speaking with my sponsor, and living the Twelve Steps in my daily life. Without these things, I am living but half a life. Dealing with my mental illness allowed me to fully focus on being an alcoholic, and today I can confidently say I am a recovered alcoholic.

A.A. has helped me to regain happiness, love and tolerance for others; the gift of a higher power; and emotional stability. I now have a relationship with my parents and sister that I did not have before, and I am looking forward to college in the future. Sober and grateful, I thank the people in the Fellowship for allowing me to keep coming back until the miracle happened for me. The miracle will happen for you, too, if you are willing.

Lucinda

“I spent more time rationalizing why I wasn’t an alcoholic.”

Mental illness runs in my family. I tried to kill myself when I was nine. By adolescence, I was heavily medicated because I heard voices telling me to cut and burn myself. I spent most of my junior year in high school on a locked psychiatric ward. The doctor told my parents that I was schizophrenic, that I would never be normal. For

two decades, my life was medication, padded cells, and countless hospitalizations and suicide attempts.

No one ever asked me if I drank, and I certainly didn't volunteer this information. When I was 12, I discovered that liquor helped me sleep. It relaxed me and helped me cope. Even as a teenager, I couldn't imagine living without alcohol. A bottle was always under my bed.

I used other substances, too — anything to numb my feelings. In my 20s, I was desperate enough to try A.A. However, I was not ready to give up alcohol. Besides, mental illness was my main problem, and if I could get a handle on that, then I could control my drinking. I didn't know that I had it backwards — as long as I drank, it would be difficult to treat my mental illness.

I got married, and after the birth of our daughter, I fell into a deep depression. By this time, I had new diagnoses, including schizoaffective disorder, borderline personality and major depression. Still, no one asked me about my alcohol use. I began a pattern of periodic binge drinking, which usually ended in hospitalization, a suicide attempt, or both. Occasionally I'd go to an A.A. meeting in the hospital, but I spent more time rationalizing why I wasn't an alcoholic. Plus, I didn't believe in God. I had when I was young, but now I believed that God was nothing more than a human invention.

Unable to get relief from drinking, I wondered if I was one of those “unfortunates” noted in our literature who was “constitutionally incapable” of grasping this program. However, I had failed to read the preceding sentence from Chapter Five in *Alcoholics Anonymous*: “Rarely have we seen a person fail who has thoroughly followed our path.” Well, I wasn't even following the A.A. suggestions half-heartedly, let alone thoroughly. In truth, I wanted relief from my mental illness, but not from my drinking.

My last suicide attempt nearly killed me. At age 35, I went to a motel, wrote a suicide note to my 3-year-old daughter, and took a combination of alcohol and drugs that I knew would be lethal. The result was multi-organ failure, and the doctor told me that I would slip into a coma and die within 24 hours. She told me to put my affairs in order.

After decades of fear and anguish, I cried out to the God I had long ago abandoned. A calm

came over me and I knew that God would take care of me whether I lived or died. All I had to do was the next right thing, without concern about the outcome. I said goodbye to my family and planned my funeral. I told them I loved them, that I was sorry, and that I wasn't scared. Yet, I never slipped into a coma. I hovered on the brink of death for a couple of days, my higher power always close. The doctors said it was a miracle that things turned around. After being discharged, I jumped headfirst into A.A.

With such a dramatic spiritual awakening, I figured I would stay sober forever. I got busy making up for lost time, and before long began missing meetings. And just like I couldn't stay drunk on yesterday's booze, I couldn't stay sober on yesterday's meeting. The obsession to drink returned and I began drinking again after five years of sobriety.

I stayed away from A.A. for more than 10 years. Then, my precious daughter — the one who never had to read the suicide note I wrote — was hospitalized for mental illness. My therapist strongly advised me to return to A.A. Once again I was resistant, not wanting to give up my precious alcohol.

However, I did return, and this time my spiritual awakening was of the slow, intellectual kind. Although slow, it was and remains simple: do what is suggested and I will stay sober, which in turn helps my mental condition. It's much like diabetes: alcohol makes diabetes worse, and giving up alcohol helps the diabetic. So it is with my psychiatric condition. My sobriety is central to keeping my mental illness in check.

Sober for more than 10 years now, A.A. has given me complete freedom. Because I am free from alcohol, I am free from locked wards, straitjackets and thoughts of suicide. I have a highly productive and incredible life, and it just gets better.

Jon

“I experienced some of the same highs from alcohol that I would get from my manias.”

My name is Jon and I'm an alcoholic. I believe I was born with the allergy to alcohol, the “abnormal reaction.” I believe I was also born with sus-

ceptibility to mental illness. In my case, it was bipolar disorder.

I had a fairly normal childhood until I turned 12. Then I fell into a deep and devastating depression. I was unhappy, miserable and suicidal. This persisted for three years. At age 15, I made the grim, set-my-jaw decision to not kill myself. I resigned myself to trudging through a bleak, grey life.

Around the same time I fell into that depression, I first tried alcohol. My mom had an opened, mostly full bottle of wine in the fridge. I thought I could steal one glass without getting caught. So, I drank one glass of wine. As I said, I have the allergy to alcohol. Without intending to, I drank the rest of that bottle of wine and got drunk, blacking out. I didn't have any friends who drank, so I didn't drink very often, about once a year. But every time I drank, I drank the whole bottle without intending to.

When I was 17, I started a new medication and repeatedly stayed up late, once trying to prolong that by snorting crushed caffeine pills. That catapulted me into a florid mania. I thought the dust underneath the house was infecting us and that if I threw flowers underneath the house it would solve the problem. I lost my keys but thought if I took a towel and dipped it into the pool then slapped it against the sliding door it would unlock. After talking to me for a few moments, my parents drove me to the mental hospital, where I stayed for 10 days. I was diagnosed with bipolar disorder and went on mood-stabilizing medication.

Soon after, I went to college and my freshman year was uneventful. In my sophomore year, I randomly roomed with an alcoholic. I started hanging out with him and his friends and doing what they did — drink. Mixing my medication with alcohol was harmful to my body and nullified the effects of the medication. I didn't care. I experienced some of the same highs from alcohol that I would get from my manias, and I loved it. Eventually, I had a disastrous accident, falling off a second-story balcony, landing on my face, breaking my jaw and damaging 19 of my teeth. A couple months later I quit drinking and shortly after went to my first A.A. meeting.

For me, my mental health and my sobriety go hand in hand. If I were to drink, it would eliminate the benefits of my medications — and I would

likely stop taking them anyway. That would send me off into a mania or a depression. If depressed, I might get to the point where suicide or instant relief through drinking seem like the only options. Or I might become manic, lose all sense of reality, and think I can drink safely.

So, I have to go to meetings, work the Steps, sponsor and be sponsored, and be in service to stay sober. I have to see a psychiatrist and therapist and take my medications to not go into active bipolar disorder. But really, I have to stay sober to not go into active bipolar disorder, and I have to stay out of active bipolar disorder in order to stay sober. It's all one package that needs to be worked as one.

If you have alcoholism and a mental illness and you're new, or if you're new to knowing you have a mental illness along with your alcoholism, there is hope. Share the pamphlet "The A.A. Member — Medications and Other Drugs" as well as the pamphlet you're reading now with your doctor and sponsor, and do everything your doctor and this program tell you to do. You can recover. I did.

Holly R.

"I was dismayed to realize I couldn't stop on my own."

I always had difficulty figuring out why I was so different from others. There was more than just what was on the outside that set me apart. I struggled in school academically even though I tested with a high IQ. My friends were the honor students, but my GPA was low and I was always relieved I made it through another level in school. This became a source of discouragement, and I never felt I was capable or good enough.

One of the ways I was able to excel was by rebelling, and experimenting with drugs and alcohol soon became an outlet for me to be at the head of the pack. Even the honor students and tech geeks liked to party, and I could keep pace with all of them. I still had aspirations for myself, though, and went off to college with a reserved sort of hope. The partying of college life was nothing new to me, but something was different. While my peers could party, still pass exams and make the grade, I couldn't. Having setbacks only encouraged my rebellion with alcohol and par-

tying; it was the one social sphere where I didn't feel "less than."

Falling behind and being on my own, I made my own rules, which meant that I began to find people who kept pace with my drinking and partying. I became involved with a dangerous group, and this changed the direction my life would take. I got kicked out of school; I was losing jobs and drinking vodka straight from the bottle 'round the clock. I was dismayed to realize I couldn't stop on my own. It would take several years of drinking this way before I was ready to ask for help. By the grace of God, one day I was simply on my knees, broken and desperate, and willing to do whatever it took to have some freedom from addiction.

I entered a rehab program where the lead doctor told me it was possible to be "too smart" for A.A. I knew this was meant ironically, and I was just desperate enough to realize I had to hold onto what I was being given through the program, and to try the suggestions if I wanted to stay sober one day at a time. If I overanalyzed something or failed to connect with the people who shared their experience, strength and hope, I could miss the whole point of why I landed where I did and what I wanted to change. Slowly, day by day, my head began to clear, and staying sober and going to meetings began to get easier.

I had some expectation that when I was able to stop drinking I would magically pull my life back together, and that aspirations I had held dear would begin to materialize. The problem was that I was still the same person — a girl who couldn't quite manage as well as everyone else. Even working the Steps and clearing away the wreckage of the past didn't solve that problem for me. Years passed when I would be bouncing between jobs, not managing to get back into school, and becoming more and more discouraged again. At one point a friend of mine who had been in the program for years with me, and who had a fondness for therapy, suggested I seek outside help. I remember her saying, "It's not normal what you're dealing with, and it's not a big deal to get help." I hadn't realized how I had stigmatized therapy and mental health conditions up until then, but I saw clearly that she was right.

I began to see a therapist I came to enjoy seeing as much as I enjoyed my A.A. meetings, and I took her suggestion to be tested by a psychiatrist.

When I returned with a diagnosis of ADHD and a depressive episode, things began to make sense. It became clear that ADHD's effect on my work, school and even social skills had the effect of causing discouragement and depression. For so long my solution had been to drink the problems away. And, while sober, I didn't have to drink one day at a time, but I was still struggling. When I opened myself up to outside help, I began to develop solutions to the core problem that had been plaguing me for years.

Since that time, I have managed to transfer back into a major university. I look forward to studying abroad next summer and applying to graduate school next fall. Although my grades will never be perfect, I have a confidence in my ability as an independent woman that I hadn't known was possible. I'm forever grateful to A.A. for giving me the tools to know when to ask for help and the courage to be open and honest.

Robert

“My self-hatred welled up daily.”

How dark it is before the dawn. I sat in the single-windowed bedroom with the shade drawn. I drank in the darkness that matched my mood. Full of self-pity, despondency, guilt and shame, I considered my grim options. I was 14 years old, experiencing my introduction to the bipolar disease I would battle for the rest of my life. It was also the year I discovered alcohol as a remedy.

My first drunk taught me that alcohol could be an antidepressant. I not only felt good for the first time in months, I achieved a higher mood than I had ever known. The next day's hangover returned me to the pit, but I had found the escape hatch.

It is no wonder that, among bipolar people, substance abuse exceeds 50 percent. We self-medicate to control our moods without even knowing it. My drug of choice — first, last and always — was ethanol. But it caused me to remain an emotional teenager as I physically aged. I married a marvelous and beautiful girl; I had a second job playing keyboards in a band, allowing for many nights of drinking; and life was good.

In college, I made an interesting career choice — to become a pharmacist. This led to bizarre

combinations of drugs and alcohol. I gravitated to depressants because they combined well with, and substituted for, alcohol. On page 22 of the Big Book, *Alcoholics Anonymous*, it reads, “As matters grow worse, he begins to use a combination of high-powered sedative and liquor to quiet his nerves so he can go to work.”

I got a job working nights alone in a hospital, which seemed ideal. I could go to work under the influence of alcohol and have easy access to medicines. I kept booze in the car for the drive home.

In the Big Book, on page 5, with four words, A.A. co-founder Bill W. described my life: “Gradually things got worse.” My mood inexorably dropped, and I entered into counseling and visited a psychiatrist, who simply said about my drinking, “Don’t do that.”

When I was 28, I decided to slowly poison myself, using a drug to mimic a fatal blood disorder. I wanted everyone to feel sorry for me. My self-hatred welled up daily as I dosed myself for a month. While I became ill, it seemed that my relatively healthy body wouldn’t cooperate with my mentally ill mind. Abandoning my plan, I sat in my living room drinking when the answer became obvious — I would drink myself to death.

Disappointed about not being allowed to change my work schedule (when I should have been fired), I bought a jug of Scotch, enough cyanide to kill a dozen people, and set about writing a farewell note.

When I came to, the Scotch was gone, and the cyanide was intact. How dark it is before the dawn.

I went for a physical with a new doctor (my old one insisted on talking about my liver and blood pressure). The new doc had a reputation as having been a hell of a drinker, as fine a recommendation as I could think of. Little did I know that he was six years sober in A.A. He proceeded to tell me his story, and, oddly enough, I understood what he was saying. He didn’t talk to me about my drinking, but invited me to my first meeting. I told him I was “kinda busy tonight,” but he said the wisest thing to me: “If you ever want to go to a meeting, call me and I will meet you there.” Then he gave me a copy of the Big Book.

Two weeks later, trembling with withdrawal and fear, I called him. The magic of *Alcoholics Anonymous* worked for me at that first meeting,

and I have stayed continuously sober since. But my mental health did not immediately improve. Following the cyanide incident, I came under the care of a competent psychiatrist who correctly diagnosed me as bipolar and prescribed lithium. My first year was a rollercoaster of extreme moods; I no longer had my trusty “friends” to keep me depressed.

However, I began to work through the Twelve Steps with a new sponsor. I got involved in service at the group, intergroup and area levels, and life was better, although I still had high moods followed by crashes. At three and a half years sober, I listened to some A.A. members talking about antidepressant drugs as a crutch and even a block to spiritual growth. I was convinced I was an alcoholic, but was I crazy? I had never been off my meds in sobriety, so I decided, on my own, those fellows were right. Since my problem was pure alcoholism, I stopped taking my meds.

One month passed and I felt great; another month, even better. By the third month, I was flying around, doing a ton of A.A. service work. Then one day, I began to hallucinate. Frightened, I called my sponsor, who helped me into a psychiatric hospital. I had avoided hospitalization all those drinking years and, now, “Mr. A.A.” was certifiably crazy.

I crashed very hard into the worst depression since my drinking years. After 10 days, I was discharged from the psych unit, but my life seemed over. I had little interest in A.A., God, my sponsor or anything positive. After two weeks, I overdosed on lithium and would have died but for aggressive medical care. Obviously, God wasn’t through with me yet.

After intensive care, I returned to the psych hospital and was put in an observation room. While there, I got down on my knees and turned my will and life — and death — over to God. An overwhelming sense of peace came over me. I have practiced Step Three daily since then.

In the hospital, a self-described “tough old broad” twelfth-stepped me. She poked me in the ribs with a Big Book and said, “Here, read this.” When I acerbically responded that I’d already read it, she barked, “Well, read it again — obviously, you missed something!”

Thus began a deeper journey through the Twelve Steps at her kitchen table, and my depression cleared. Counseling and taking med-

ication exactly as prescribed has been crucial in my recovery. I no longer listen to well-meaning alcoholics who play doctor. In the chapter “The Doctor’s Opinion” in the Big Book, it says, “There is the manic-depressive type, who is, perhaps, the least understood by his friends, and about whom a whole chapter could be written.”

I believe I cannot have sobriety without good mental health, nor can I have good mental health while drinking.

Today, I enjoy good mental, emotional and spiritual health. God has allowed me to give back, as A.A. teaches, by working a year in that same psychiatric hospital, by volunteering for hundreds of meetings at our state hospital, and by serving on the mental health advisory board for our county. And, most importantly, I have the opportunity to share my experience, strength and hope with other A.A. members afflicted with mental illness, sharing the language of the heart.

Cathy

***“Because I am very fragile mentally
and emotionally, I cannot afford
to rest on my laurels.”***

My name is Cathy and I am an alcoholic. I’ve also been diagnosed with another mental disorder in addition to alcoholism.

I picked up alcohol early in life and was drinking on a regular basis by the age of 13. The mental obsession and physical compulsion were there from the very beginning, and alcohol quickly became the most important thing in my life. Everything I did — every choice I made — revolved around alcohol. My life quickly became unmanageable, and by the age of 26, I hit bottom. Fortunately, I was twelfth-stepped into A.A. by a family member.

As far back as I can remember, I have always struggled with depression. When I was seven years sober, I was still going to meetings, working the Steps, using my sponsor, sponsoring others, and taking commitments. I had a strong relationship with my Higher Power and prayed constantly. Despite taking all these actions, I continued to experience extreme mood swings, suicidal depressions and paranoid delusions.

I was very fortunate to have sober women in my life, including my sponsor, who lovingly and without judgment encouraged me to seek outside help. Even the Big Book encourages us to seek outside help. On page 133 it says, “God has abundantly supplied this world with fine doctors, psychologists, and practitioners of various kinds. Do not hesitate to take your health problems to such persons.”

A fellow A.A. introduced me to an excellent psychiatrist who understood the addictive nature of the alcoholic, and I was correctly diagnosed as having bipolar disorder. At first I was extremely resistant to taking medication because my ego told me I should be able to do without it. But experience clearly showed I could not. After much trial and error with a number of non-addictive psychiatric medications, we ultimately determined that a small dose of anti-seizure medication was enough to manage my symptoms. This medication made me well enough to reap the benefits of working my A.A. program. That was about 19 years ago, and by the grace of God and the Fellowship of Alcoholics Anonymous, I am still sober today.

Although I occasionally have some challenging mental health episodes, I have a wonderful life today. I am useful, productive and reasonably happy, joyous and free. I can say with a fair degree of certainty that if I did not receive outside help for my bipolar disorder, my children would have had two alcoholic parents who died by suicide instead of just one. I can also say the same about A.A. I am certain that if I did not continue to make staying sober and helping another alcoholic my primary purpose, I would not have survived.

Today I am grateful for my mental illness. Not only can I see how it helped bring me to an early bottom, but it also keeps me from getting complacent. Because I am very fragile mentally and emotionally, I cannot afford to rest on my laurels. Having bipolar disorder has also afforded me the experience to understand others who struggle with mental illness in addition to alcoholism — yet another example of how our dark past can become our greatest asset. Today I sponsor someone with an extreme mood disorder, and watching her persevere and go to any lengths to pursue all avenues of recovery has been an amazing and inspiring experience. That said, you do not need to have experience with mental illness in order to sponsor someone with a mental illness. We are

carrying the message of A.A., not acting as doctors or therapists.

There are still some alcoholics who think you are not sober if you take antidepressants or other medication. I would strongly encourage these individuals to read the pamphlet “The A.A. Member — Medications and Other Drugs,” which states that some alcoholics require medication.

My experience has been that there are many A.A.s who shy away from members with mental illness. I’ve even witnessed intolerance of those with mental illness in meetings. I believe this primarily stems from fear. In the Third Tradition, on pages 140-141 of *Twelve Steps and Twelve Traditions*, it talks about this fear and intolerance. It goes on to say, “‘Yes, we were intolerant’... How could we know that thousands of these sometimes frightening people were to make astonishing recoveries and become our greatest workers and intimate friends?”

In chapter five of the Big Book, it says, “There are those, too, who suffer from grave emotional and mental disorders, but many of them do recover if they have the capacity to be honest.” We can recover and we do recover. We just need the love, support and compassion of our fellow A.A.s, and sometimes maybe just a little extra patience and tolerance.

Sam

***“If I stay involved in A.A.
and take great care of my mental health,
I flourish spiritually, personally
and professionally.”***

“Normal people don’t act this way,” I said to myself, waking up in a crummy hotel room in a neighboring state. I had taken the four-hour drive there alone the night before, under the influence of course, but also with the help of rocket fuel energy from one of the most extreme manic episodes I had ever experienced. Yes, I am one of millions of Americans who suffer from mood disorders, and like nearly a quarter of my mood-disordered brethren, I abuse alcohol like it’s my job. And in the last couple of years I have come to learn that, untreated, I could become a much more morose statistic.

I was diagnosed three years prior to stepping

foot inside an A.A. meeting. Anytime my love of getting loaded started interfering with my life, doctors would suggest that I check out the program or at least cut back on my drinking. But I knew better. I said to myself, “I am already going to a psychiatrist once a month, blabbering to a therapist three times a week, and taking medication. I’m doing enough work already. Besides, alcohol isn’t my problem, my mood disorder is what’s destroying my life.”

In the meantime, I was definitely not stable and was drinking every day and often alone. It was hard for me to notice it then, but booze interacted with my mood disorder in dangerous ways. If I was already feeling depressed, a bottle of Scotch would make me feel like I was drowning in suicidal thoughts. But if I was feeling that exhilarating and lethal elevation, getting loaded would be like pouring gasoline over my mania and make me even angrier, more reckless, and generally not a pleasant guy to be around. And it seemed like if I wasn’t already high or low, alcohol was pushing me one way or the other anyway. It wasn’t until later that I realized that my extracurricular substance intake was basically voiding out the positive effects of the prescribed medication I was on.

Above all, I was spiritually sick. I thought I was God (sometimes literally) and that the most important person in the world was me. My instability and my compulsive drinking kept me separate from the rest of the world and any power greater than me.

But when I finally got out of that hotel bed and got myself to a meeting, I found out what had been missing from my life. From the moment I got my butt in a seat until now, I have felt nothing but welcomed by my fellows in the program. No one ever called me gross, evil or crazy — things that I thought I had become. I found a power greater than myself, and it was in a huge network of alcoholics that taught me the importance of service and cleaning one’s side of the street. Yes, for me G.O.D. often still stands for Group Of Drunks.

It’s no surprise that when I stopped drinking my medication started working and I became stable. But it goes both ways — I need to stay sober in order to stay stable, but I also need to stay stable in order to keep my sobriety sound. The Promises didn’t start coming true for me until I immersed myself in the Twelve Steps with a spon-

sor and educated myself on my mood disorder. My recovery is contingent on going to meetings, service and fellowship, but it is also nonexistent if I don't keep up with therapy and take my medication as prescribed by my psychiatrist. There have been times in my sobriety when I have leaned heavily on one thing and let up on the rest, and the results have been nasty. On the other hand, if I stay involved in A.A. and take great care of my mental health, I flourish spiritually, personally and professionally.

The only way to stay balanced is to try to keep balance in the things we can control and pray for guidance when it comes to the things we can't. The fact of the matter is that today alcohol is not my problem, and neither is my mood disorder. Chaos is my problem, and I am addicted to it — probably because it is what I am used to most: after all, I spent the first 23 years of my life doing things like waking up in other states. But in the short time that I have been taking care of myself, there have been moments when I have seen the sunlight of the Spirit. And I am not exaggerating when I say that those moments saved my life. I keep coming back because I know that my life depends on it.

Laura

***“I can be happy, joyous and free,
even with mental illness.”***

I live with disabling mental illness. I also live with alcoholism. I am in recovery from both, but in neither case am I going to be cured. I treat my alcoholism in Alcoholics Anonymous. I treat my mental illness in therapy and with medication. It took me a long time to learn that distinction and to become comfortable with it.

Alcohol saved my life when I was growing up. I come from a family riddled with alcoholism and insanity. Living in anguish from childhood, I often thought about dying. Learning to drink came as a great relief. I did not stop thinking about dying, but alcohol brought me some moments of genuine peace.

While in college, I sought counseling. As a direct result of that, I joined A.A. and got sober. Within a few months, my depression blossomed uncontrollably. I tried to commit suicide.

Many alcoholics have thought about killing themselves. Sometimes we are ashamed of these thoughts. There is no point in judging the way we think. I had to learn to carry on despite my thoughts. Eventually, healthier thinking catches up with healthier behavior. Sometimes, too, alcoholics say that they were never brave enough to try to kill themselves, even when they wanted to. My experience is that attempting suicide is not an act of courage. It is an act of desperation and despair. Today, I am glad that I did not succeed.

After treating my depression, it took years to get an accurate diagnosis for a deeper, more troubling mental disorder. It took more years after that to begin to deal with it. Denial is a symptom of many illnesses besides alcoholism. I spent a long time pretending that my diagnosis was not what it is. But I kept coming to A.A.

Alcoholics Anonymous eventually taught me to accept myself. Once I did, the door to freedom opened. I accepted the reality of my diagnosis. As a result, my recovery from alcoholism got stronger, too. I finally let A.A. work in my life without reservation.

A.A.'s design for living taught me to change my behaviors and attitudes, but the language we use in A.A. sometimes created problems. Take, for example, the Second Step. The whole idea of being "restored to sanity" was confusing and irritating to me until I finally accepted that working the Steps was not going to fix my mental illness. That is because my mental illness is not a character defect. It is not spiritual in nature. The "soundness of mind" discussed in the Second Step of the "Twelve and Twelve" has to do with learning to make sound decisions. I learned to control my impulsive behavior and to ask God for help on a daily basis. Turning my will and my life over to my higher power in the Third Step does not cure my mental illness, but it does give me strength and hope to face it in the light of God's care.

I also had trouble with the Fourth and Fifth Steps. One of the symptoms of my illness is that I have almost no memory. There are many things my brain can do, but remembering is not one of them. That made it hard to do a Fourth Step. After doing my Fifth Step, I felt like an absolute A.A. fraud, because there were so many holes in it. Since I literally cannot remember most of what happened in my life, my attempts at a complete

moral inventory felt futile and incomplete.

Tenth Step to the rescue! When I do a written inventory and keep my slate clean on a daily basis, it does not matter whether I remember or not. I am okay, one day at a time, when I tell the truth today and make any amends that I need to make without delay.

My message of hope is that recovery from both of my diseases is possible, even without a cure. I can be happy, joyous and free, even with mental illness. My mental illness has an unimaginable impact on the quality of my life and my recovery from alcoholism. I deal with both disorders, because it is a matter of life or death for me. Today I choose to live.

Jason

***“I am surmounting challenges
and have noticed my mood stabilize
and gradually lighten.”***

“I’m still not sure to what extent your mood episodes were caused by excessive use of alcohol and drugs,” my therapist mused out loud as the psychiatrist whom she counseled with left the room to make a photocopy of my latest prescription. The words sliced through the air like a knife and surprisingly let in a sliver of hope and light.

It was 2010 and I was coming to accept the medical verdict that I was suffering from bipolar disorder. The symptomatic evidence piled up so high it was impossible to deny something was seriously wrong: aggressive mood swings, irrational behavior and reckless spending had destroyed relationships, gotten me fired from jobs, and even gotten me evicted from my apartment. And yet the real elephant in the room was not mental health, but addiction.

“In every instance when your life got out of control you were under the influence of alcohol and marijuana,” she added. It followed that the only way to be sure where the problem was coming from was to refrain from any mood-altering substance.

I wish I could tell you that the next thing my therapist did was refer me to Alcoholics Anonymous. My recovery journey might have taken a more direct route, but she did not. I do not

blame her or hold her responsible for the many horrors that took place over the next four years before I finally sought out the Fellowship. As we say, recovery takes the time it takes — and I obviously had more research to do on my own before I could face the fact that I am an alcoholic!

Nor was she alone in neglecting to endorse A.A. Over four years, cycling through half a dozen professionals offering mental health support, not a one had suggested I check out A.A. for myself. I often wonder about this. Could it be that alcoholism is even more difficult to diagnose than a mental health issue like bipolar disorder? Or did I sugar-coat the facts, downplaying the frequency and severity of my usage? Alcoholics are notoriously good liars and we traffic in secrets. Something in me kept that desperate need for oblivion from the very people who could have guided me to help.

The result of my struggle was common and predictable. As long as I framed my issue primarily as a mental health concern, I left alcoholism intact as a stowaway on my rather shaky vessel through life. Since coming into A.A. I have learned that if you are not practicing and growing in sobriety it is only a matter of time before you relapse. And it was during those times that I accumulated more and more colorful evidence that I was crazy!

I attended one-on-one and group therapy sessions; read voraciously about bipolar disorder; and dutifully took the psychotropic medications prescribed by my doctor. For long periods of time, I even managed to stay away from pot and booze. But as good as I ever got in mental health recovery, I always sensed dark clouds looming just over the horizon. I knew in my gut that there was a challenge ahead that I couldn't handle. And I was right — the challenge is called life! Eventually circumstances would appear that seemingly could not be surmounted without that first drink, and then everything would come tumbling down in no time at all.

I have found that alcoholism and mental health disorders are distinct but related issues that need to be considered as part of the broad spectrum of my mental health. It's impossible to call my past actions in addiction mode as anything but crazy, but thanks to A.A. I've come to see those gestures as the inevitable outcome of how I was living, not a definition of who I am.

In addition to regular attendance at meetings, I still see a concurrent disorders counselor once a month and rigorously monitor my health on every front. I've given up sugar along with all other mood-altering substances. I exercise daily and keep a sobriety journal. I have no regrets about my lengthy detour through the mental health system; it was just not the entire solution to my problem. I have found the tools I learned in counseling (like cognitive behavior therapy) are entirely compatible with the A.A. program. I am coming up on my second year of sobriety, and I don't think it's a coincidence that the severity of symptoms I had while drinking or using have not recurred. With effort over time, I am surmounting challenges and have noticed my mood stabilize and gradually lighten. Today I would even call myself an optimist. To me this is evidence that the A.A. program works, so I will continue to practice it.

Hearing Step Two, "Came to believe that a Power greater than ourselves could restore us to sanity," always makes me feel right at home at a meeting. But I no longer dwell on the past or my mistakes. I am grateful for this program, which has taught me to live life differently, and I am cultivating an inner peace that I never thought possible. My advice for anyone out there suffering from a mental health issue is to be honest with yourself about your drinking — it could be the mystery key to unlocking your problem and living a happier, more fulfilling life.

Pamela

***"Like alcoholism and other addictions,
mental illness also tells us that
we don't have it."***

When I began my journey of recovery from alcoholism, little did I know what lay in store for me. On that fateful day, with a prodigious hangover that rendered me unable to go to work, I threw my arms up in the air with the simple words, "God help me!" And help came immediately like a bolt of lightning in the form of one word: "alcoholic." Somehow, the knowledge that I had the disease simply entered my mind and lodged itself there to remain forever.

Moments later, I called my mother, who had stopped drinking some 20 years before. I told her

that I had just realized that I was an alcoholic. She responded, "Thank God!" Then, I asked her what I should do. She told me, in no uncertain terms, to go to A.A. The next night, I went to one of many church basements and meeting rooms in Manhattan and raised my hand to admit that I was a newcomer.

I was to learn as time passed that recovery meant a complete and total upheaval throughout virtually every aspect of my life. While that sounds like hyperbole, it is the only way I can express the changes that have occurred in those intervening years. One of the most important of these isn't normally discussed in an A.A. meeting: I discovered that I have mental illness. I later understood that my drinking was my own way of dealing with my clinical depression, an illness I had no clue I had until I was 10 years deep into my recovery in A.A.

In retrospect, I know that I wasn't a typical A.A. recovery case, if there is such a person. We all arrive at the program with our own particular mix of coping mechanisms and self-destructive patterns. Convinced I was unique, I wasn't an easy person to sponsor. I seldom picked up the thousand-pound phone. I didn't trust people, especially women, and had few female friends.

I chose my A.A. contacts based on what I perceived was their intellect, not their resolute pursuit of the program. I didn't like A.A.'s brand of what seemed like religious dogma. I had been brought up Unitarian-Universalist, which doesn't push any particular set of religious principles beyond the precept that God is love. In those early months of recovery in New York City, I struggled to stay sober. When I finally cobbled together some time, a therapist approved an impulsive plan to move to South Florida. I had finally realized that I have SAD, or seasonal affective disorder, and hated New York's bitter winters.

It wasn't until about seven years later, when I couldn't understand that despite having found solid sponsorship, despite doing all of the Steps in order, despite regularly attending A.A. meetings, despite doing service, I wasn't a happy camper at all. Unlike most everyone else, I hated Fridays and loved Mondays. I felt best during the week when occupied with work; but left to my own devices, I was sleeping my weekends away and felt lost in a sea of nothingness. I slept, ate and watched TV. It was a pattern I realized that I'd

established earlier in life.

My mother talked me into therapy. It was working, I guessed, because after every session, I sobbed all the way home in my car. My new mantra was “no pain, no gain.” For a year and a half, my therapist urged me to go to a psychiatrist to be properly diagnosed. She was convinced that I was clinically depressed. I kept refusing, saying, “Why would I need to do that? I’m fine!” Little did I know that, like alcoholism and other addictions, mental illness also tells us that we don’t have it.

Finally, I acquiesced and proceeded to sob for three sessions with the psychiatrist, who prescribed meds that, quite amazingly, are still working today. He made clear to me that medications for my form of mental illness are not designed to change your mood. Antidepressants, he explained, are meant to restore the chemicals in your brain that provide the full range of feelings — mad, sad, glad, scared and every permutation in between. And, indeed, they do.

This month, I am celebrating 21 years of continuous sobriety. (I had relapsed for a summer, which was my final convincer.) For all of these intervening years, I have attended a meeting for people with dual diagnosis — mental illness and alcoholism. I couldn’t have stayed sober without it.

Adam

“Clarity and healing power have helped to provide the missing pieces to my spiritual/mental/emotional puzzle.”

I was probably about five or six years sober when nothing shy of a mental, spiritual avalanche fell on me. This was very hard to understand and navigate, as I didn’t believe I had a case of the dry drunks. I was definitely working the Steps, had a sponsor, sponsored others, had an outside therapist, did service, had a home group and was connecting to my Higher Power on a daily basis. I often asked myself, over and over, what was I not doing? What more could I do?

My sponsor and others reassured me that I was doing and taking all the suggestions and to just keep pushing on, one day at a time. Yet, I was in the midst of a mental health issue without even knowing it. I experienced a bombarding assortment of horrifying, terrorizing, obsessive

thoughts toward others in a way that was definitely not familiar or what I considered normal to who I was. These thoughts would mostly occur around and toward the people and things I loved most in life. I was slowly unraveling — in sobriety.

During this time, I felt stuck, isolated and more alone than I've ever experienced in the program of Alcoholics Anonymous because I couldn't exactly share about these particulars at meetings, mostly out of fear that I would be locked up or people might begin to shy away from me. Nothing was working for me against these crippling, horrifying thoughts and compulsions. I thought I actually may be "crazy" and felt I might be safest just locked away somewhere. That's how scared I was.

One day, by the grace of God, I confided in a friend at my home group, as I remember him saying he had similar struggles. He suggested a book that really helped him regarding the type of obsessive thoughts I was having. The next day I ran to the nearest bookstore, found it, sat down on the floor and began to read. There was a whole chapter on exactly what I was experiencing and beyond.

The book was similar to our Big Book of Alcoholics Anonymous in the written testimonies. I often say it was truly as if the heavens opened up and were shining down on me. I began to learn that what I was experiencing in sobriety was a classic case of OCD (obsessive-compulsive disorder). The terrorizing, beyond-frightening thoughts and compulsions I was experiencing had a name! The book went on to describe the people who have these types of thoughts and compulsions as people who would not actually act upon them. This was an ongoing doubt in my mind, so it was life-changing to hear, to say the least. I wasn't "crazy." Along with extra help from my therapist, I realized it was simply a mental illness.

Needless to say, I immediately researched twelve-step OCD meetings in the New York City area. I found a few and I was on my way. At my first meeting, someone shared about the exact same thoughts I experienced, and after he shared, everyone laughed about it... wow! Laughter, identification and a solution... I was totally home now.

As the years have passed, clarity and healing power have helped to provide the missing pieces to my spiritual/mental/emotional puzzle. Our A.A. literature talks about not having all the

answers and sometimes needing outside help. For me this has been a great source of healing and strength.

One day at a time, this disorder is getting easier to understand, accept and navigate. Simply being open-minded, taking suggestions and doing the work has finally opened the doors to freedom. If we keep putting one foot in front of the other in the arms of our Higher Power, we will rest, shine and realize we are truly not alone and can certainly be okay, one day at a time.

Sheri

“Today, I don’t want to die and I don’t want to drink.”

When I came into the rooms of A.A., I wanted to die. The need to drink was relentless. I didn’t want to drink, I had to. It got to the point where I was trying to get as much alcohol in my body as fast as I could.

You see, I had to get relief from all the voices, flashbacks and feelings that are symptoms of PTSD (post-traumatic stress disorder) and DID (dissociative identity disorder). Alcohol helped for a long time. It gave me relief. But as my alcoholism progressed, that relief diminished and, in fact, created more problems. I had crossed over that invisible line the Big Book talks about.

The therapist I had been working with did all the right things. He never told me I had to stop drinking. Instead, he would gently ask questions about my drinking that helped me see for myself that it was a real problem. After a year, he had gained enough trust to ask the all-important question: “Do you think you’re an alcoholic?”

I didn’t want to answer that question, as I knew if I said yes I would have to stop drinking. But he said that I didn’t have to do anything; he just suggested I try going to three A.A. meetings.

Getting sober when you have DID has added difficulties, though. Many alcoholics have experienced blackouts. They know what it’s like to drink and not remember what they did. Many times, they find out from others that they did things they never would have done sober. There are also brownouts, where you “kind of” remember bits and pieces of what happened. That’s pretty much what DID feels like, and I have those experiences

even without drinking. It's called "switching," which means another part of me takes control of my body.

For a while, alcohol had helped control the switching. Not drinking made it worse. I was left feeling scared, confused and overwhelmed. How could I get sober if I can't stay present?

The first thing I had to do was be honest with my sponsor. She didn't know anything about DID but it never scared her away. She did what good sponsors do. She took me through the Big Book and through the Steps. It was important to treat the alcoholism first and find the similarities. We had to do an honest Fourth Step and work together the best we could. Getting service commitments right away helped me stabilize and feel connected. It wasn't easy, though. My alcoholism and my DID told me I was different and didn't fit in.

It took over two years of hard work in sobriety to become more present and to notice the changes that were happening in my life. I continue to work with my therapist. I now have a sponsor who takes the time to learn about DID and asks questions that help both of us. She understands that it is part of who I am and that there are reasons behind it. We work together, along with therapy, to uncover, discover and, in time, discard. I've found ways to share in meetings without having to share about the DID. It's been important, though, to share with a few people, especially in my home group.

I've found there are many people in A.A. who have DID and have been able to share my experiences with some of them. I sponsor, am GSR for my home group, and do many things I never thought possible! Today, I don't want to die and I don't want to drink. The difficult journey has been well worth the results, and I continue to look forward to what doing the next right thing brings.

Sponsoring Others

Sponsorship is an important aspect of Alcoholics Anonymous — a reflection of the way A.A. was founded: with one alcoholic helping another. In A.A., sponsor and sponsored meet as equals, just as our co-founders, Bill W. and Dr. Bob, did. Essentially, the process of sponsorship is this: An alcoholic who has made some progress in the recovery program shares that experience on a continuous, individual basis with another alcoholic who is attempting to attain or maintain sobriety through A.A.

Sponsoring alcoholics with mental illness is much like sponsoring any other alcoholic — keeping the focus on sobriety and the A.A. program is paramount. Yet, there can be particular challenges, sometimes involving medication and ongoing professional help for particular mental health conditions.

What follows are the experiences of five A.A. members who have taken on the important work of sponsorship and been able to provide guidance to others, particularly those with mental health concerns.

***“I encourage progress, participation
and service to others.”***

I’ve sponsored a handful of men in my 10 years of sobriety. Of the 10 or 12 whose journey I was fortunate enough to bear witness to, half had complicating mental health and intellectual difficulties of one kind or another, and some had more than one such co-occurring difficulty. Of course, I refer to them as “complications” and “difficulties” only so long as they remain unaddressed and untreated. When they’re addressed with the same honesty, open-mindedness and willingness as alcoholism or addiction should be, these conditions become ever more manageable.

I look to passages in the Big Book of *Alcoholics Anonymous* frequently to remind my sponsees and myself that Bill W. and Dr. Bob recognized these additional challenges and openly referred recovering and recovered alcoholics to the outside help of counselors and physicians. Our literature makes it abundantly clear that help with issues like mental health disorders is encouraged, as are the medications that are sometimes prescribed by licensed and qualified physicians and taken as prescribed. Physicians with psychiatric training — like Dr. Silkworth himself, one of A.A.’s earliest nonalcoholic friends — are the best experts to turn to for advice and recommended treatments. A.A. was founded as a Society for recovered alcoholics, and our book is a text describing precisely how we recovered from a seemingly hopeless state of mind and body. A.A., as I understand it, has not been and is not today an exclusive form of treatment for alcoholism, addictions and psychiatric conditions.

Gradually, I’m witnessing greater tolerance in our meetings for open discussion surrounding “what it’s like now” to be sober and learning to live with anxiety disorder or bipolar disorder or even schizoaffective disorder. These conditions — undiagnosed and untreated — make great bedfellows with a drink or street drug to quell the nerves and voices and mood swings if people fail to address them. I wonder how many relapses, overdose deaths and suicides are attributable to unmitigated mental health disorders undermining and sabotaging efforts to get and stay sober? Science tells us that mental health disorders and

alcoholism co-occur the majority of the time. Researchers estimate the number of alcoholics and addicts that can and should be dual diagnosed at over 85 percent.

The Big Book tells us plainly we were insane and can be restored to sanity. It tells us, in many ways, alcoholism is a threefold disease, involving the mind's thinking and emotional states, the body, and the Great Spirit that inhabits us all. This is a holistic disease, program and solution. "Holistic" does not exclude. It includes. That brought me great peace 10 years ago, and it still does today.

As a sponsor, my foremost responsibility is to take the alcoholic, whose trust is placed in me, through the Big Book and through the Twelve Steps. Secondly, I support that person on his journey, taking him to meetings and introducing him to more fellows just like him. I offer him a regular and frequent opportunity to talk, to listen and to learn ever more about his disease and our Society. I encourage progress, participation and service to others. I help him pierce his own delusions and deceptions with a view into the Truth. I encourage and support his emerging concept of and relationship with his Higher Power.

And from time to time, a fellow shares with me that he has been diagnosed at some point in the past or that he is experiencing symptoms he or I might surmise to be consistent with a diagnosable condition like major depression, anxiety disorder or bipolar disorder, to name only a few.

Firstly, it is not my role nor responsibility to diagnose anything. That would be a terrible disservice and very dangerous. I am not trained to make those calls. But I can suggest he see a doctor and ask the most appropriate expert for appropriate help, much the same way I'd encourage a sponsee to see an accountant for tax advice. I am no lawyer, doctor or professional accountant.

Secondly, assuming the fellow has visited a specialist and been included in the development of his own treatment plan, I encourage and support his mental health recovery journey as well as his sobriety. My suggestions pertain to his accountability and his honesty, not to the content of his psychotherapy. My single-minded purpose is always his sobriety.

Thirdly, my suggestions and support revolve to some degree around recognizing and appreciating those phenomena that trigger his mood swings

and other symptoms. I remember that if anxiety can be prevented, a relapse may very well be prevented in the process. For instance, if my fellow is complaining of thoughts of suicide, I make sure he applies our program fully and I refer him to his professional treatment provider. I hold him accountable. That said, my support is limited to what remains pertinent within the Twelve Steps. I do not become counselor, therapist or doctor. I support his relationship with those professionals the same way I support his relationship with his fellows and with his Higher Power. Nothing less and nothing more.

Lastly, I am a voice of reason and equity when this issue comes up in meetings or in fellowship. When I hear people ridiculing or disparaging mental health disorders and/or intellectual disabilities, I see my responsibility as one of applying the principles of Alcoholics Anonymous in all my affairs. Honesty and integrity as well as a tradition of ensuring the health and vitality of the Society compel me to address scorn, ridicule and stigma with respectful suggestions that discrimination has no place in A.A. Ours is a Society that accepts and welcomes and loves all alcoholics so long as they have a desire to stop drinking. I could no more remain silent if schizophrenia is being disparaged and marginalized as I could if sexual orientation, race, age or gender were being openly discriminated in a meeting of A.A.

Above all, I carry a message of hope. There is hope in recovery from alcoholism, addiction and mental health. Our principles and our new relationships all apply!

Amalia

***“I don’t have any cures,
but I do have experience in staying sober.”***

My first sponsee, Bonnie, was a mental health professional and she also suffered from mental illness. She asked me to sponsor her one night after I spoke, and I know she asked me because I am alcoholic and she heard a little about how it was for me, what happened and what it is like now.

Periodically, Bonnie would share with me when her symptoms flared up — sometimes she would be afraid of voices coming out of electrical

outlets and such. She knew I had no experience with mental illness, but somehow she felt she could trust me with everything because we shared alcoholism and I was recovering from alcoholism using A.A.'s trustworthy principles.

Since then, I have sponsored at least seven alcoholics who also suffer from mental illness; and although they all have asked me to be their A.A. sponsor, their mental illness is very much a part of our relationship. Some of them have told me at the initial meeting about their mental illness, and with others, we just had to deal with it as we went. When anyone asks me to sponsor them, I ask them to meet to talk about it, just so we can find out if our idea of sponsorship is the same. I tell them that I consider sponsorship to be a service commitment and that, as the sponsor, I serve at their desire. I don't have any cures, but I do have experience in staying sober, which I am willing to share as long as they want it.

I have been sponsoring Gladys for a very long time, and her behavior changes noticeably according to the state of her mental health. She shares about her struggle with mental health providers and medications, which she for now is not taking — she has gone from psychiatrist to shaman. All I do is keep trying to steer her back to our principles and suggest that she follow the guidance of the mental health providers she has engaged. Her love for A.A. is obviously great, and she is willing to be of service and is diligent with her Step work, so she is sober and she is grateful.

Rhoda is a long-time sponsee of mine who came to me in the throes of her mental illness and with a few years of sobriety under her belt. She is bipolar and had to be hospitalized, but for years she has stayed in treatment. She has been a good employee, surviving many layoffs in her company, and, to now, she is very involved in A.A.'s general service work. She credits A.A. for her ability to stay on track with her mental health care. As her sponsor, I have not had to do anything different from what I do with any other sponsee. I am there for her 100 percent when she is up and when she is down.

Jannine asked me to sponsor her when her longtime sponsor moved out of state. She has been able to maintain her sobriety and get through many crises having to do with her own periods of acute mental illness as well as her

daughter's mental illness. She disappears at times and all I can do is pray for her, but when she's back we work the Steps. She and I have met to do A.A. work in many different settings, including the hospital, my car, her car, the coffee shop, my house, my office, the park, the psych ward. Sometimes she brings the body and sometimes she is fully present, yet I know I need to stay committed to being there for her.

Angie suffers from depression and is struggling with mental health providers. She has her own ideas about traditional Western medicine and alternative treatment. As her A.A. sponsor, I have no opinion on that, but I'm willing to listen to her and to encourage her to use our principles and seek divine guidance. We are working the Steps ever so slowly, but we keep moving.

All these women have different mental illness symptoms and treatment approaches; yet, no matter their mental state, they share a strong desire not to drink and are willing to go to any lengths to maintain their sobriety.

I am honored to be in the lives of these women and to have their trust. They show me that sobriety is possible no matter what else ails us. In turn, I trust my Higher Power and am willing to be there and to learn from those people who turn to me for help and to pass along freely the sobriety tools that were freely given to me.

Paul

***“A.A. members, as such,
have no business commenting
on another A.A. member's medical care.”***

Some years ago, I sponsored a man who was sober five years and had a good job and a big house. His beautiful wife was from a nationally known, fabulously wealthy family, and they had a cute new baby. One day he parked his car at the beach and blew his head off. I cut his obituary out of the paper, attached it to the poem “Richard Cory” by Edward Arlington Robinson, and distributed it to everyone in our men's group. “Richard Cory” is about a man who is wealthy, well-educated and mannerly; he is looked up to and admired by the people of his town; and one night he takes his own life.

When new men in A.A. ask me to sponsor them, if they talk about suicide or seem despondent, I ask if they have access to firearms. If the answer is yes, I suggest that they give their guns to me for a minimum of 90 days, and I strongly encourage them to get a psychiatric evaluation. In a few instances men waited a year before asking for their guns back — after they had gone through the Twelve Steps.

Sometimes new members of A.A. confide in me that they are on medication for a psychiatric disorder, and that their sponsors or other A.A. members have advised them to stop taking their medication or to stop seeing their therapist. I tell them to run in the opposite direction as fast as they can, because A.A. members, as such, have no business commenting on another A.A. member's medical care. My friend who killed himself probably could have benefitted from psychiatric care. On page 133, our book, *Alcoholics Anonymous*, cautions us, "we should never belittle a good doctor or psychiatrist. Their services are often indispensable in treating a newcomer and in following his case afterward."

One man I sponsored was on disability for his long-standing, debilitating bipolar I disorder. For years he had seen a psychiatric social worker at least monthly, and he was concerned about what I thought about that. I told him that I assumed that the social worker would help him with his mental health issues and I would help him with reading the Big Book and going through the Twelve Steps. He seemed relieved that there was no conflict between mental health treatment and A.A. He told me later that the social worker was pleased to cooperate with a sponsor who focused on A.A. and didn't try to be a therapist or a junior psychiatrist.

Another man I sponsored, sober many years in A.A., also has bipolar disorder, and he was in a psychiatric hospital for weeks while his psychiatrist adjusted his medication. Today, he sees a psychiatrist regularly, goes to marital counseling with his wife, attends a support group related to his mental disorder, and continues to be a staunch, active A.A. member.

I've sponsored people with 30, 40 or 50 years of sobriety and more, and from time to time they need to see a psychologist or psychiatrist for situational life problems, marital difficulties,

depression, anxiety or other issues. I encourage them to seek this help, because A.A. isn't a cure-all for everybody's problems, and I know that untreated stress associated with depression or anxiety can lead people back to the bottle.

Holly L.

“There are a lot of us who struggle with mental health issues.”

I'm an alcoholic. I'm also bipolar. It's been a difficult road for me in A.A. dealing with my bipolar disorder and alcoholism, trying to determine if my problem needs to be discussed with my sponsor or with my doctor, if I need to work harder on a Step or have my medication adjusted. My psychiatrist knows I'm an alcoholic in A.A. and when I'm struggling will ask me if I've talked to my sponsor and if I'm going to meetings.

I've been sober for 15 years and still wonder what's appropriate to share at the meeting level. Some people don't want to hear about depression at all, so I rarely share that aspect of my life at group level. But I have friends and others in the program with whom I can share my feelings after the meeting. I've found that there are a lot of us who struggle with mental health issues.

God has sent me women to sponsor who also have various mental health problems, and I see how difficult it must be for my sponsor when these lines become blurred. Where does my job as sponsor end, and when do I suggest they talk with their doctor? The answer for that is when I've asked God for help and I feel that I've done all that I can do as far as the Steps are concerned. Because I'm bipolar I think it's easier for me to sponsor these women because we share a common bond and I know how they feel when they need their medication adjusted.

Medication has been a big issue for me also, and is something I don't discuss at meetings. I've had sponsors who have told me I don't need medication for my depression; I just need the Steps. For someone who is depressed for a few days every now and again, maybe that's true. But for someone like me, who's depressed every single day, that's a matter I turn over to the professionals. I'm grateful A.A. has a pamphlet on

medication and the alcoholic because I follow the suggestions in that pamphlet.

I'm grateful to the members of Alcoholics Anonymous who have shared their experience of depression with me and I hope that I can help another alcoholic with depression.

Joelle

“These women have shown me what it means to trust a power greater than myself.”

After more than 20 years of drinking and a nervous breakdown, I was driven into A.A. by the haunting questions of a therapist. For the first time, I learned to listen to another, without the words of the internal committee in my head drowning them out.

My obsessive tendencies became my best ally as I attended not 90 meetings in 90 days, but closer to 250 meetings my first summer in A.A.

No sooner did I get through my Fifth Step, with a few months of sobriety under my belt, when the voice of insanity whispered from my left shoulder, “Maybe this A.A. thing is just a phase.”

Thank goodness for the invitation to join a service committee and take my story, along with other women and their stories, into a recovery center on a regular basis.

While I knew that to keep it I had to give it away, sponsorship opportunities came only sporadically.

One day, I was approached by a woman with whom I seemingly had nothing in common. She asked if I would sponsor her. Remembering only that we always say yes to A.A. requests, I assured her I would take her through the Steps. “But,” she hesitated, “I am bipolar.” She asked me to consider that and get back to her.

I spoke about her request with my own sponsor, who only reminded me of the Responsibility Declaration, and said my instincts to immediately say yes were right on.

Working with my new sponsee required patience, listening, sharing, admitting I didn't know, offering hope and encouraging therapeutic means in addition to A.A. — in other words, it

was very much like my sponsorship of any other alcoholic.

At first, I believed that bipolar, OCD, even schizophrenia were most likely the result of alcoholism, rather than coinciding separate conditions. I'm not sure why this was, but maybe it was due to a close friend's false diagnosis with bipolar, along with a prescription to lithium, which he cured by embracing A.A. and leaving alcohol and lithium behind. Whatever the reasons for that belief, it does not line up with my experience.

Through word of mouth, I continue to sponsor and work the Steps with multiple diagnosed schizophrenics and bipolar disorder sufferers. These women have shown me what it means to trust a power greater than myself in ways that I can only hope to achieve. They have met educational goals, taken jobs with increasing responsibility, rekindled family relationships, while continuing to stay sober and follow the psychiatric advice of their doctors. They are awesome examples of sobriety, and they are my friends.

As for me, while I stay engaged in the struggles, advances, setbacks and trials of another alcoholic, whether or not they suffer from mental illness, that nagging voice suggesting, "I don't need A.A.," stays too quiet to hear, allowing me to stay sober for lo these six-plus years.

And so, when anyone, anywhere reaches out for help, may my hand, as a recovering alcoholic practicing the A.A. way of life, always be there.

Afterword

The subject of medication and mental health can involve important medical decisions. To help A.A. members find the right balance and minimize the risk of relapse, a group of physicians who are members of A.A. developed the suggestions that follow. Additionally, to provide a professional perspective, two health care professionals who are familiar with A.A. were asked to review this pamphlet and found it to represent an accurate cross-section of alcoholics they have come into contact with in their professional capacity.

Understandably, some A.A. members must take prescribed medication for serious medical problems. However, it is generally accepted that the misuse of prescription medication and other drugs can threaten the achievement and maintenance of sobriety. It may be possible to minimize the threat of relapse if the following suggestions are heeded:

- No A.A. member should “play doctor”; all medical advice and treatment should come from a qualified physician.
- Active participation in the A.A. program of recovery is a major safeguard against alcoholic relapse.
- Be completely honest with your doctor and yourself about the way you take your medicine. Let your doctor know if you skip doses or take more medicine than prescribed.
- Explain to your doctor that you no longer drink alcohol and you are trying a new way of life in recovery.
- Let your doctor know at once if you have a desire to take more medicine or if you have side effects that make you feel worse.
- Be sensitive to warnings about changes in your behavior when you start a new medication or when your dose is changed.

- If you feel that your doctor does not understand your problems, consider making an appointment with a physician who has experience in the treatment of alcoholism.

- Give your doctor copies of this pamphlet.

From the earliest days of Alcoholics Anonymous, it has been clear that many alcoholics have a tendency to become dependent on drugs other than alcohol. There have been tragic incidents of alcoholics who have struggled to achieve sobriety only to develop a serious problem with a different drug. Time and time again, A.A. members have described frightening and sobriety-threatening episodes that could be related to the misuse of medication or other drugs.

Experience suggests that while some prescribed medications may be safe for most non-alcoholics when taken according to a doctor's instructions, it is possible that they may affect the alcoholic in a different way. It is often true that these substances, when used without medical supervision, can create dependence as devastating as dependence on alcohol.

Therefore, it is always important to consult your doctor if you think medication may be helpful or needed.

Note to medical professionals

Cooperation with the professional community has been an objective of Alcoholics Anonymous since its beginnings. Professionals who work with alcoholics share a common purpose with Alcoholics Anonymous: to help the alcoholic stop drinking and lead a healthy, productive life. As noted in some of the stories presented in this pamphlet, some A.A. members must take prescribed medications. However, our experience indicates that the misuse of prescription medication can threaten the achievement and maintenance of sobriety. The suggestions provided above are offered to help A.A. members find the right balance and minimize the risk of relapse.

*(Adapted from the A.A. General Service
Conference-approved pamphlet "The A.A. Member —
Medications and Other Drugs")*

Where to find A.A.

There are A.A. groups in large cities, rural areas and villages throughout the world. Many A.A. intergroup or central offices have websites where information about local A.A. meetings can be found, and almost anywhere in the United States or Canada you will find an A.A. telephone number. These resources can help direct you to a meeting in your community. Additionally, information about local meetings may often be obtained from doctors and nurses, from the clergy, media outlets, police officials, hospitals and alcoholism facilities that are familiar with our program.

Each A.A. group endeavors to provide a safe meeting place for all attendees and encourage a secure and welcoming environment. The formation and operation of an A.A. group resides with the group conscience of those members attending, where our common suffering as alcoholics and our common solution in A.A. transcend most difficulties, helping us to create as safe an environment as possible in which to carry A.A.'s message of hope and recovery to the still-suffering alcoholic.

Many alcoholics with mental health issues feel quite comfortable in any A.A. group. Yet, in some A.A. communities there are special interest groups where it may be easier for those with mental health issues to identify as alcoholics or to be open about certain personal issues.

The shared experience of sober alcoholics is the lifeline to sobriety, and while A.A. may not have the solution to all our problems, if we are willing to follow the simple suggestions of the A.A. program, we can find a solution to our drinking problem and a way to live life one day at a time without alcohol.

If you cannot reach a group in your area, contact the A.A. General Service Office, Box 459, Grand Central Station, New York, NY 10163, (212) 870-3400, www.aa.org. They will put you in touch with the group nearest you.

THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol — that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed, and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

THE TWELVE TRADITIONS OF ALCOHOLICS ANONYMOUS

1. Our common welfare should come first; personal recovery depends upon A.A. unity.

2. For our group purpose there is but one ultimate authority — a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.

3. The only requirement for A.A. membership is a desire to stop drinking.

4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.

5. Each group has but one primary purpose — to carry its message to the alcoholic who still suffers.

6. An A.A. group ought never endorse, finance or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.

7. Every A.A. group ought to be fully self-supporting, declining outside contributions.

8. Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.

9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.

11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.

12. Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.

A.A. PUBLICATIONS Below is a partial listing of A.A. publications. Complete order forms are available from the General Service Office of Alcoholics Anonymous, Box 459, Grand Central Station, New York, NY 10163. Telephone: (212) 870-3400. Website: www.aa.org

BOOKS

ALCOHOLICS ANONYMOUS
TWELVE STEPS AND TWELVE TRADITIONS
DAILY REFLECTIONS
AS BILL SEES IT
OUR GREAT RESPONSIBILITY
ALCOHOLICS ANONYMOUS COMES OF AGE
DR. BOB AND THE GOOD OLDTIMERS
'PASS IT ON'

BOOKLETS

LIVING SOBER
CAME TO BELIEVE
A.A. IN PRISON: A MESSAGE OF HOPE
A.A. FOR THE OLDER ALCOHOLIC — NEVER TOO LATE

PAMPHLETS

Experience, Strength and Hope:

WOMEN IN A.A.
A.A. FOR THE BLACK AND AFRICAN-AMERICAN ALCOHOLIC
A.A. FOR THE NATIVE NORTH AMERICAN
YOUNG PEOPLE IN A.A.
LGBTQ ALCOHOLICS IN A.A.
THE "GOD" WORD: AGNOSTIC AND ATHEIST MEMBERS IN A.A.
A.A. FOR ALCOHOLICS WITH MENTAL HEALTH ISSUES —
AND THEIR SPONSORS
ACCESS TO A.A.: MEMBERS SHARE ON OVERCOMING BARRIERS
A.A. AND THE ARMED SERVICES
DO YOU THINK YOU'RE DIFFERENT?
MANY PATHS TO SPIRITUALITY
HISPANIC WOMEN IN A.A.
BEHIND THE WALLS: A MESSAGE OF HOPE
IT SURE BEATS SITTING IN A CELL
(An illustrated pamphlet for those in custody)

About A.A.:

FREQUENTLY ASKED QUESTIONS ABOUT A.A.
IS A.A. FOR ME?
IS A.A. FOR YOU?
A NEWCOMER ASKS
IS THERE AN ALCOHOLIC IN YOUR LIFE?
THIS IS A.A.
QUESTIONS AND ANSWERS ON SPONSORSHIP
THE A.A. GROUP
PROBLEMS OTHER THAN ALCOHOL
THE A.A. MEMBER—MEDICATIONS AND OTHER DRUGS
SELF-SUPPORT: WHERE MONEY AND SPIRITUALITY MIX
EXPERIENCE HAS TAUGHT US:
AN INTRODUCTION TO OUR TWELVE TRADITIONS
THE TWELVE STEPS ILLUSTRATED
THE TWELVE CONCEPTS ILLUSTRATED
THE TWELVE TRADITIONS ILLUSTRATED
HOW A.A. MEMBERS COOPERATE WITH PROFESSIONALS
A.A. IN CORRECTIONAL FACILITIES
A.A. IN TREATMENT SETTINGS
BRIDGING THE GAP
A.A. TRADITION—HOW IT DEVELOPED
LET'S BE FRIENDLY WITH OUR FRIENDS
UNDERSTANDING ANONYMITY

For Professionals:

A.A. IN YOUR COMMUNITY
A BRIEF GUIDE TO A.A.
IF YOU ARE A PROFESSIONAL
ALCOHOLICS ANONYMOUS AS A RESOURCE
FOR THE HEALTH CARE PROFESSIONAL
A MESSAGE TO CORRECTIONS PROFESSIONALS
IS THERE A PROBLEM DRINKER IN THE WORKPLACE?
FAITH LEADERS ASK ABOUT A.A.
A.A. MEMBERSHIP SURVEY

VIDEOS (available on www.aa.org)

A.A. VIDEOS FOR YOUNG PEOPLE
HOPE: ALCOHOLICS ANONYMOUS
A NEW FREEDOM
CARRYING THE MESSAGE BEHIND THESE WALLS

For Professionals:

A.A. VIDEO FOR HEALTH CARE PROFESSIONALS
A.A. VIDEO FOR LEGAL AND CORRECTIONS PROFESSIONALS
A.A. VIDEO FOR EMPLOYMENT/HUMAN RESOURCES PROFESSIONALS

PERIODICALS

AA GRAPEVINE (monthly, www.aagrapevine.org)

A DECLARATION OF UNITY

This we owe to A.A.'s future: to place our common welfare first; to keep our fellowship united. For on A.A. unity depend our lives and the lives of those to come.

I AM RESPONSIBLE...

When anyone, anywhere, reaches out for help, I want the hand of A.A. always to be there. And for that:

I am responsible.

